

Health Alert Systems Application

PERSONAL INFORMATION

Please check all that apply.

Legal Name: _____
First Middle Initial Last

Last name sounds like: _____

Preferred Name: _____

Contact #: () - Landline? Y N Mobile? Y N

Contact #: () - Landline? Y N Mobile? Y N

Birth Date: / / Gender? Male Female
Month Day Year XXXX

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

County: _____ Spoken Language: _____

MEDICAL HISTORY

Please check all that apply.

Do you have problems with any of the following?

Hearing Heart Diabetes Vision Mobility

Do you have OR require any of the following?

Pacemaker Other heart implant device
Cane Walker Wheelchair
Oxygen TTY/TDD

Allergies: _____

Other physical limitations/diagnosis: _____

Preferred Hospital: _____ Contact #: () - _____

BILLING INFORMATION

Please check all that apply.

Legal Name: _____
First Middle Initial Last

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Would you like your monthly payments deducted from your card or banking account?

No. Please note, AccentCare Fairview Health Alert Systems will send you a monthly bill to the address listed above.

Yes. Please fill out the appropriate form. Credit Card Banking Account

Are you receiving financial assistance from the State or County?

No Yes MEMBER #: _____

Please check all that apply.

Alternative Care Grant (ACG) Elderly Waiver CADI

Other: _____

Case Manager Name : _____ Contact #: () -
First Last

Are you on a Hospice Program?

No Yes

Hospice Program Name : _____ Contact #: () -

INSTALLATION APPOINTMENT SCHEDULING CONTACT

Name : _____ Relationship: _____
First Last

Contact # 1: () - Home Work Cell

Contact # 2:() - Home Work Cell

Spoken Language: _____

RESPONDERS INFORMATION

Please list up to three Responders, in the order you would like them called. Please make sure they have agreed to serve as your responder, and that they have an access key to your home. We recommend that Responders be able to respond within 15 minutes. (We recommend three Responders, but this is not required for service.)

RESPONDER 1

Name : _____ Relationship: _____
 First Last

Contact # 1: () - Home Work Cell

Contact # 2:() - Home Work Cell

Spoken Language: _____ Has key to your home? Yes No

RESPONDER 2

Name : _____ Relationship: _____
 First Last

Contact # 1: () - Home Work Cell

Contact # 2:() - Home Work Cell

Spoken Language: _____ Has key to your home? Yes No

RESPONDER 3

Name : _____ Relationship: _____
 First Last

Contact # 1: () - Home Work Cell

Contact # 2:() - Home Work Cell

Spoken Language: _____ Has key to your home? Yes No

NOTIFY

When a person is not needed to respond, but must be notified of an incident or hospitalization.

Name : _____ Relationship: _____
 First Last

Contact # 1: () - Home Work Cell

Contact # 2:() - Home Work Cell

Spoken Language: _____ Has key to your home? Yes No

EQUIPMENT & SERVICE OPTIONS

Please check all that apply.

Basic Home Unit

\$39/month rental + \$65 one-time activation fee

- For at-home use ONLY
- Landline phone required
- Help button with wristband and neck cord options

Add AutoAlert | Fall Detection

Additional \$10/month | Neck cord option ONLY

Cellular Home Unit

\$47/month rental + \$65 one-time activation fee

- For at-home use ONLY
- No landline phone needed
- Uses area's AT&T cellular signal to send and receive signals
- Help button with wristband and neck cord options

Add AutoAlert | Fall Detection

Additional \$10/month | Neck cord option ONLY

GoSafe2

\$45/month rental + \$99 mobile button purchase price + \$65 one-time activation fee

- THIS PRODUCT IS NOT RECOMMENDED FOR INDIVIDUALS WITH IMPLANTABLE CARDIAC DEVICES (I.E. PACE MAKER, DEFIBRILLATOR)
- For at-home and on-the-go use
- No phone landline, cell phone, or Wi-Fi required
- AutoAlert | Fall Detection included in mobile button
- ONLY mobile button charger needed | Charge every 1-2 days | No base unit included
- Neck cord option ONLY

Personal Medication Dispenser

\$75/month rental + \$85 one-time installation & activation fee

- Capacity for up to 60 doses of medication
- Uses verbal prompts to communicate when to take medication (with or without food), check blood sugar, put in eye drops, and more
- Can alert caregivers when medication is missed when connected to phone landline

Dose Flip Medication Dispenser

\$60/month rental (includes up to 2 dispensers) + \$65 one-time installation & activation fee

- Capacity for 14 doses of medication | Extra tray for easy re-loading included, if needed
- Uses a clear, friendly alarm notification to communicate when to take medication
- Can alert caregivers when medication is missed